



EXHIBIT 4
DATE 1/9/2013
HB 43 & HB 69

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Law and Justice Interim Committee
62nd Montana Legislature

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January 9, 2013

TO: Members of the House Judiciary Committee

FROM: Sheri Scurr, *Scurr* Research Analyst for the Law and Justice Interim Committee

RE: HB 43 and HB 69 - Jail Suicide Prevention Bills

Jail suicide studied for third interim

One of the many issues examined by the Law and Justice Interim Committee (LJIC) during the past 18 months was the issue of how to better protect individuals held in county detention facilities from committing suicide. The 2011-2012 interim is the third interim that the LJIC has examined this issue.

Expert testimony and information provided

At its December 16, 2011, meeting, the LJIC received a presentation from Ms. Connie Milligan and Mr. Ray Sabbatine, who are nationally-recognized for their work in Kentucky, where they were able to achieve an 80% reduction in the state's jail suicide rate. The presentation explaining the components of the Kentucky statewide service delivery system is attached.

The LJIC received additional testimony and requested information from various interested parties and stakeholders, including the Montana Sheriffs' and Peace Officers' Association, the Montana Association of Counties, the Montana Law Enforcement Academy, the Montana Board of Crime Control (MBCC), NAMI-MT, the ACLU, the State Suicide Prevention Coordinator in the Department of Public Health and Human Services (DPHHS), Community Mental Health Centers, and other interested law enforcement officers and mental health professionals.

Committee decided to draft two bills

The LJIC voted unanimously to request the drafting of two committee bills to address the jail suicide issue, one bill to focus on a statewide effort and the other to establish a pilot project. During the course of further deliberations, the two bills developed as one (HB 43) to coordinate a state-funded effort under the auspices of DPHHS and the other (HB 69) to provide for a cost-sharing approach administered as a grant program under the auspices of the MBCC with state funding coming from fees rather than the general fund. Rep. MacDonald agreed to sponsor HB 43 and Rep. Lavin (on behalf of Rep. More) agreed to sponsor the HB 69, with the majority of committee members voting to send both bills to the full legislature.

Error resulted in switched bill sponsors

Unfortunately, due to a technical oversight, the pre-introduction letters for the two bills were switched and Rep. Lavin and Rep. MacDonald pre-introduced each other's bills. This situation cannot now be remedied, except that each bill is co-sponsored by the other member so that the co-sponsor can carry the correct bill on behalf of the LJIC.

More information

Further information about the LJIC's activities related to jail suicide prevention is available at the available at www.leg.mt.gov/ljic or by contacting Sheri Scurr (Room 136 C of the Capitol, 444-3596, or sscurr@mt.gov).



RISK MANAGEMENT SERVICES FOR JAILS

*KY's Statewide Mental Health
Service Delivery System*

**Montana's
Law and Justice Committee
December 16, 2011**



*Connie Milligan, LCSW
Ray Sabbatine, MA
Bluegrass Regional MH-MR Board*

Model of Partnership...

Handshake between Jails and Mental Health

- Using technology to connect Mental Health providers to Jails
- Goal – reduce MH risk and negative outcomes
- Offers a state wide solution
- Successfully implemented in KY for 7 years
- Funded through an increase in court cost = free service for Jails



Police Screening Instrument

Assessment

- Need:
- Medical
- Mental health
- Suicide
- Risk related to the charge

1. Has this arrestee engaged in any assaultive or violent behavior? (If yes, refer to custody supervisor)
2. Has your search of this arrestee uncovered any dangerous contraband such as drugs or weapons? (If yes, refer to custody supervisor)
3. Has this arrestee attempted to elude or escape from custody? (If yes, refer to custody supervisor)
4. Are you aware of the need to keep this arrestee separated from other persons housed in this facility? (If yes, refer to custody supervisor)
5. Are you aware of this arrestee's consumption or use of potentially dangerous level of alcohol or drugs? (If yes, refer to medical)
6. Are you aware of any acute medical condition or injury sustained by this arrestee that may require immediate medical attention? (If yes, refer to medical)
7. Has this arrestee demonstrated any behaviors that might suggest mental illness? (If yes, call the crisis line)
8. Has this arrestee demonstrated any behaviors that might suggest mental retardation? (If yes, refer to custody supervisor)
9. Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies? (If yes, call the crisis line)
10. Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies? (If yes, call the crisis line)
11. Has there been any indication that the arrestee is reacting so negatively toward their charge that they may engage in self-harming behavior? (If yes, call the crisis line)
12. Do you have any other information that may assist this agency in the care and/or custody of this arrestee?

Jail Intake Assessment
Arresting Officer Questions

Jail Officers Assessment Questions

13. Are there any institutional alerts on file for this arrestee? (Alerts for mental health, suicidal, call the crisis line)
14. Is there a need for an immediate evaluation of this arrestee by health care staff or a custody supervisor? (If yes, refer to the appropriate person)

Jail Mental Health Crisis Network

Identity

Image

Level

Follow-up

Police Assessment

Booking Screening

Institutional Alert

Observation

Request

Critical

High

Moderate

Low

Assessment

Telephone/Video Image

Follow-up

Identification: Booking Screening

Assessment

- Medical
- Mental health
- Suicide
- Substance abuse
- ABI
- MR
- Risk related to charge

Inmate Booking Screening Questions

1. Do you have a serious medical condition that may require attention while you are here? If yes, refer to medical staff
2. Are you currently taking a prescription medication that may need continuation while you are here? If yes, refer to medical staff
3. Do you have a serious mental health condition that may need attention while you are here? If yes, call crisis line.
4. Have you recently taken or been prescribed medication for emotional problems? If yes, refer to medical staff
5. Have you been hospitalized for emotional problems within the last year? If yes, call crisis line.
6. Have you ever attempted suicide? If yes, call crisis line.
7. Are you currently thinking about suicide? If yes, call crisis line.
8. Have you recently ingested potentially dangerous levels of drugs and alcohol? If yes, refer to medical staff
9. Have you ever experienced DTs or other serious withdrawal from drugs or alcohol? If yes, refer to medical staff
10. Have you ever had a closed head injury that resulted in a permanent disability? If yes, refer to medical staff
11. Do you have learning or other disability that will impact your ability to understand instructions while you are here? If yes, refer to custody supervisor.
12. Are you aware of any reason you should be separated from another inmate while you are here? If yes, refer to custody supervisor.
13. Have you ever required separation from another inmate while incarcerated in another facility? If yes, refer to custody supervisor.
14. Do you understand that you may request a health care provider at any time while you are here?
15. Have you understood all the questions that I have asked you? If no, refer to custody supervisor.
16. Have you provided us with all the information that you want us to be aware of while you are here?

Questions for the Booking Screening Officer

17. Does the screening officer feel that the arrestee is capable of understanding all the questions asked? If no, call the crisis line if related to mental health, suicide, MR, ABI or in combination with substance abuse.
18. Does this arrestee have any institutional history of alerts? Call the crisis line if the alerts are related to mental health, suicidal, MR, or ABI. Notify custody supervisor or medical staff for other alerts.
19. Does this screening officer feel that his arrestee should be referred to a supervisor for review? If yes, notify immediately.
20. Is there any indication that the arrestee is reacting so negatively toward their charge that they may engage in self harming behavior? (If yes call the crisis line.)

Institutional Alert Files

Critical Information/Risk Alert File

STEPETAK, JAMES E

This inmate has an Alert entered for the following areas:

- | | |
|--|---|
| Protective Custody <input checked="" type="checkbox"/> | Mental Health <input type="checkbox"/> |
| Escape / High Risk <input type="checkbox"/> | Medical <input checked="" type="checkbox"/> |
| Institutional Behavior Problems <input type="checkbox"/> | Suicidal <input type="checkbox"/> |

Reference Incident(s) Dated:

Notes: Habitually attempts to intimidate; out of POJ w CMDR escort only

Date Entered: 3/1/2001

Entered By: HCCTREL

Continued

Risk Assessment Levels

High

Low

Critical

Triage Domains

Charge Related Risk

Substance Abuse

Suicide Risk

Depression

Mania

Psychosis

Personality Disorder

MR/AB/HX of TX

Telephone Behavioral Health and Triage

SECTION A - GENERAL INFORMATION

CALL TAKER'S NAME: _____

SUBJECT'S NAME: _____

DOB: _____

PRIMARY CHARGE: _____

ADDITIONAL CHARGE(S): _____

DATE/TIME: _____

AGENCY: _____

SSN: _____

CLASS A FELONY: ☐

CLASS A FELONY: ☐

CAPITAL OFFENSE: ☐

SECTION C - MENTAL HEALTH SYMPTOMS

DEPRESSION

☐ DEPRESSED MOOD

☐ EXCESSIVE CRY

☐ MOTOR RETARDATION OR AGITATION

☐ REFUSING FOOD

☐ NOT SLEEPING OR SLEEPING TOO MUCH

☐ LACK OF INTEREST IN ACTIVITY

☐ LACK OF PERSONAL HYGIENE

☐ OTHER _____

PERSONALITY DISORDER

☐ SELFS DESTRUCTIVE

☐ DIFFICULTY CONTROLLING ANGER

☐ INTENSE, CONFLICTING RELATIONSHIPS

☐ IMPULSIVE

☐ OTHER _____

MANIA

☐ GRANDIOSE THOUGHTS

☐ MORE TALKATIVE THAN USUAL

☐ FLIGHT OF IDEA OR RACING THOUGHT

☐ DISTRACTIBILITY

☐ DECREASED NEED FOR SLEEP

☐ PSYCHOMOTOR AGITATION

☐ CYCLES INTO DEPRESSION

☐ OTHER _____

OTHER BEHAVIORAL HEALTH RISKS

☐ HOMICIDAL IDEATIONS

☐ HISTORY OF VIOLENCE / TRAUMA / POST TRAUMATIC STRESS DISORDER

☐ IS THERE CURRENT SUBSTANCE ABUSE?

☐ OTHER COMMENTS (ELABORATE AS NEEDED)

MM TX PROVIDER: _____

OTHER: _____

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Jail Risk Management Protocols

Responsibility of the Jail, based upon risk level

Options	CRITICAL	HIGH	MODERATE	LOW
HOUSING	Restraint Chair	Single Safe Cell	General Population	General Population
OBSERVATION	Constant	Frequent and Staggered	Individualized	Normal
PROPERTY	None	None or suicide blanket	Full	Full
DRESS	Regular	Suicide Smock	Jump Suit	Jump Suit
FOOD	Finger	Finger	Regular	Regular

JAIL TRIAGE FOLLOW-UP RISK ASSESSMENT GUIDE

Name of Inmate: _____ SS#: _____
 JAIL: _____ Follow up for last Triage #: _____
 Date: _____ Time: _____ Face to Face _____ Video _____
 Suicide Intent/Behavior YES NO
 If, Continues to express suicidal intent or threats

by Licensed Mental Health Professionals

Jail Management Protocols (Responsibility of the Jail, based upon risk level)				
Options	CRITICAL	HIGH	MODERATE	LOW
HOUSING	Restraint Chair	Single Safe Cell	General Population	General Population
OBSERVATION	Constant	Frequent and Staggered	Individualized	Normal
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DRESS	Regular	Smock	Jump Suit	Jump Suit
FOOD	Finger	Finger	Regular	Regular

Sharing Information HIPAA – not an issue

§ 164.512(k)(5) STANDARD: USES AND DISCLOSURES FOR CORRECTIONAL INSTITUTIONS AND OTHER LAW ENFORCEMENT CUSTODIAL SITUATIONS

(k) *Standard: uses and disclosures for specialized government functions.*

(5) *Correctional institutions and other law enforcement custodial situations.*

(i) *Permitted disclosures.* A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

- (A) The provision of health care to such individuals;
- (B) The health and safety of such individual or other inmates;
- (C) The health and safety of the officers or employees of or others at the correctional institution;
- (D) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
- (E) Law enforcement on the premises of the correctional institution; and
- (F) The administration and maintenance of the safety, security, and good order of the correctional institution.

(ii) *Permitted uses.* A covered entity that is a correctional institution may use protected health information of individuals who are inmates for any purpose for which such protected health information may be disclosed.

(iii) *No application after release.* For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.

Getting the Triage Information

- ✓ Triage information is transferred electronically by email or fax
- ✓ Goes to all identified addresses
- ✓ "Adobe Reader" displays the form
- ✓ It is automatically emailed to the Clinical Follow up staff when follow up is indicated
- ✓ Triage is printed and put in arrestee's file
- ✓ Clinical follow up information is added via web, attached to initial Triage and resent

Follow Up CMHC Services

- CMHC will be called when consultation is indicated for acute symptoms
- Definition of consultation defined
 - Evaluation
 - Crisis Counseling
 - Assess need for hospitalization, medication, diversion
- Response times are tied to level of risk
 - Critical – 3 hours
 - High – 12 hours
 - Moderate – Next business day or as needed

Impact Of Program

- Reduced Rate of suicide in KY Jails by 84% since 2004
- Statewide network and data information
- Centralized training and information for 83 jails & MH offices
- Cross training of Jail and MH staff
- Reduces the gap between service providers
- Expedited networking – information flows from jail to MH agency to court to hospitals
- Increased accountability = reduced risk

Recommendations for MT

- Centralize it with a designated 800 line and staff
- Find staff or CMHC to provide follow up – can be telephonic, video or F2F
- Connect to jails via telephone – send information via web or fax
- Training manuals and PP provide details
- Conduct regional trainings
- Have all parties sign a MOU or BAA
- Start with pilot in one region

Implementation Expenses

- KY Model – Branded for MT
- Software – Run through BG cloud for maintenance and tech support
- Protocols and training materials
- Training and consultation in a train the trainer model
- Central location with an 800 line
- Staff – three to start to run the program and do Triage
- Cell phones and laptops for after-hours work
- Clinical Follow up staff – done centrally or regionally
- Regional training for Jail and MH staff